



State of California-Health and Human Services Agency
Department of Health Care Services
P.O. Box 989009, West Sacramento, CA 95798-9850



EDMUND G. BROWN JR.
Governor

Welcome to Medi-Cal

In this booklet you will find the following materials:

- Multi-Lingual Notice
- Welcome Letter
- County Listings Contact
- Notice of Privacy Practices

Language Services Notice

If you do not understand this information or notification, call your county Medi-Cal worker. You have the right to interpreter services provided by the county at no cost to you.

Si no entiende esta información o notificación, llame al trabajador de Medi-Cal de su condado. Tiene derecho a obtener servicios de intérpretes proporcionados por el condado sin costo para Ud. (Spanish)

إذا لم تفهم هذه المعلومات أو هذا الإبلاغ، إتصل بموظف Medi-Cal الخاص بمقاطعتك. لديك حق الحصول على خدمات ترجمة مجانية متوفرة لك من قبل المقاطعة. (Arabic)

Եթե դուք չեք հասկանում այս տեղեկությունը կամ հայտարարությունը, զանգահարեք ձեր քառնքիի Medi-Cal-ի աշխատակցին: Դուք իրավունք ունեք քառնքիի կողմից տրամադրված թարգմանչական անվճար ծառայություն ստանալու: (Armenian)

បើសិនជាអ្នកមិនយល់ព័ត៌មាន ឬសេចក្តីជំរាបនេះទេ សូមទូរស័ព្ទទៅអ្នកធ្វើការជាមួយ Medi-Cal នៅខោនធីរបស់អ្នក ។ អ្នកមានសិទ្ធិទទួលសេវាពីអ្នកបកប្រែ ដែលបានផ្តល់ដោយខោនធី ដោយឥតគិតថ្លៃដល់អ្នកឡើយ ។ (Cambodian)

如果您不理解此處的資訊或通知,請電洽您所在縣的Medi-Cal工作人員。您有權免費獲得縣政府提供的免費口譯服務。 (Chinese)

اگر این اطلاعات و یا اطلاعیہ را درک نمی کنید، با مددکار Medi-Cal کانتی خود تماس بگیرید. شما این حق را دارید کہ به طور رایگان از خدمات مترجم از طریق کانتی استفاده کنید. (Farsi)

Yog koj tsis totaub txog cov kev qhia lossis tsab ntawv no, hu rau koj tus neeg tuav ntaub ntawv Medi-Cal hauv lub county. Koj muaj cai tau txais kev pab txhais lus dawb los ntawm lub county. (Hmong)

이 정보나 통지서를 이해할 수 없는 경우에는 카운티 Medi-Cal 담당 직원에게 전화하십시오. 가입자는 카운티가 무료로 제공하는 통역 서비스를 받을 권리가 있습니다. (Korean)

Если вы не понимаете данную информацию или уведомление, позвоните сотруднику компании Medi-Cal вашего округа. У вас есть право на получение услуг переводчика, которые предоставляются округом бесплатно. (Russian)

Kung hindi ninyo naiintindihan ang impormasyon o paunawang ito, tawagan ang inyong manggagawa sa Medi-Cal ng county. Kayo ay may karapatang magkaroon ng mga serbisyo ng tagasalin na ibibigay ng county na walang bayad sa inyo. (Tagalog)

Neáu quýù vò khoâng hieáu chi tieát hoaëc thoâng baùo naøy, haõy ñieän thoaii cho nhaân vieân Medi-Cal taõi quaän quýù vò. Quýù vò coù quyeàn ñöôic quaän cung caáp dòch vui thoâng dòch mieän phí cho quýù vò. (Vietnamese)



December 2013

Welcome To Medi-Cal

Dear Medi-Cal member,

Welcome to Medi-Cal! At the beginning of next month, you will move to Medi-Cal and into a managed care plan. In Medi-Cal, you will continue to have medical, dental, mental health, alcohol and drug treatment, and behavioral health services. Starting on January 1, 2014, Medi-Cal will expand to cover substance use disorder services, through county alcohol and drug programs, and mental health services to all Medi-Cal beneficiaries who qualify.

What are the Substance Use Disorder Benefits?

- Voluntary Inpatient Detoxification
- Intensive Outpatient Treatment Services
- Residential Treatment Services
- Outpatient Drug Free Services
- Narcotic Treatment Services

What are the Mental Health Benefits?

All Medi-Cal beneficiaries who qualify will be able to receive the following mental health benefits through a Medi-Cal Managed Care Plan or Medi-Cal Fee-For-Service:

- Individual and group mental health evaluation and treatment (psychotherapy)
- Psychological testing when clinically indicated to evaluate a mental health condition
- Outpatient services for the purposes of monitoring drug therapy
- Outpatient laboratory, drugs, supplies and supplements
- Psychiatric consultation

Specialty mental health services currently provided by County Mental Health Plans will continue to be available.

Information About Medi-Cal

The materials in this packet will provide you with information about Medi-Cal and your rights as a Medi-Cal beneficiary. Contact information is included in this packet to assist with questions. Please make sure to carefully review all documents enclosed in this packet.

The documents in this package are:

- Medi-Cal “What It Means to You”
- Notice of Privacy Practices
- Multilingual Notice
- List of county social services offices and other important phone numbers to call for information about Medi-Cal, or if you have problems or questions.

Benefits Identification Card

You will be getting a Medi-Cal identification card called a Benefits Identification Card, or BIC, in the next few weeks. It is white with blue writing, with your name, and it has a picture of the seal of the State of California.

If you do not have a BIC now, we will send one in the mail and you may begin using it next month.

If you got a BIC *before* December 1, 2012, we will send you a new one.

If you got a BIC *after* December 1, 2012, keep using the one you already have. You will not get a new one.

If you cannot find your BIC, call your county social services office and tell them you need another one. You can find a list of social services offices in this Welcome Packet or you can find it on this website: www.benefitscal.com.

If you do not get a BIC by the end of this month, if the BIC is incorrect, or has been lost, stolen, or damaged, please call your county social services office to get a new one.

If you need medical care starting January 1, 2014 and do not have a BIC, call your local social services office. They will help you.

Health Plan Card

You will also get a new health plan card in the mail from your Medi-Cal health plan. It will arrive in a separate mailing or be included in your health plan's "Welcome Packet".

Take both your BIC and health plan cards with you to all medical, dental, vision, mental health, and pharmacy visits. Always keep the BIC in a safe place and do not throw it away.

Co-Payments

You may have to pay a co-payment when you get medical services, a prescribed drug, or if you go to the hospital or emergency room.

Eligibility and Renewal

You will need to renew your eligibility with Medi-Cal in 2014. This is called a redetermination. After you move to Medi-Cal, you will be contacted by mail when it is time to renew your Medi-Cal coverage. If you have a change in family size, income, or address, tell your county social services office right away using the contact information on the list in this packet.

If you have questions about:

- **Medi-Cal Managed Care Plans**, please call your health plan. The number will be on your health plan card or you can go to:
www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx
 - **If you want to change Medi-Cal managed care plans**, please call Health Care Options - 1-800-430-4263 (toll-free) Monday through Friday 8:00 am to 5:00 pm
 - **If you want to change doctors within your plan**, please call your health plan.
- **Dental coverage**, please call Denti-Cal's Toll-Free Beneficiary Customer Service Line at 1-800-322-6384 or you can go to: <http://www.denti-cal.ca.gov> > Beneficiary tab.
 - If you live in **Los Angeles or Sacramento County**, please call Health Care Options at 1-800-430-4263 or you can go to: <http://www.healthcareoptions.dhcs.ca.gov> > Enrollment Tab.
- **Mental health services**, please:
 - Call 1-800-896-4042 – California only, toll-free information line Monday-Friday from 8:00 am to 5:00 pm (Except on State Holidays)
 - E-mail Ombudsman@dhcs.ca.gov or Call 1-800-896-2512 – TTY for the hearing impaired Monday-Friday from 8:00 am to 5:00 pm (Except on State Holidays)
- **Medi-Cal eligibility**, please contact your local county social services office at the phone number provided on the enclosed county contact sheet or you can go to: www.benefitscal.com
- **Expanded Substance Use Disorder or Mental Health Benefits**, contact your local social services office or call the Department of Health Care Services Hotline at 1-800-541-5555 for more information.

If you need additional assistance at any time after you move to Medi-Cal please call:

- State Ombudsman: 1-888-452-8609 (toll-free) Monday through Friday 8:00 am to 5:00 pm
- Health Care Options: 1-800-430-4263 (toll-free) Monday through Friday 8:00 am to 5:00 pm
- Local social services office

You can also find more information about Medi-Cal at:
<http://www.dhcs.ca.gov/individuals>

If you do not want to be enrolled into the Medi-Cal program, contact your local social services office in your county of residence to be disenrolled.

State of California
**Health and Human
Services Agency**

County Social Services Agencies

If the information on this list has changed, you may verify the information in the phone directory under the county government listings.

A - L Counties

Alameda County (01)

(510) 383-8523

Alpine County (02)

(530) 694-2235

Amador County (03)

(209) 223-6550

Butte County (04)

Oroville (530) 538-7711

Calaveras County (05)

(209) 754-6448

Colusa County (06)

(530) 458-0250

Contra Costa County (07)

(866) 663-3225

Del Norte County (08)

(707) 464-3191

El Dorado County (09)

(530) 642-7300

Fresno County (10)

Call Center – Main Number

(559) 600-1377

Services: Heritage Center, Fresno

Coalinga Regional Center

Selma Regional Center

Reedley Eastside Services

Glenn County (11)

(530) 934-6514

Humboldt County (12)

(877) 410-8809

Imperial County (13)

(760) 337-6800

Inyo County (14)

(760) 872-1394

Kern County (15)

(661) 631-6807

Kings County (16)

(559) 582-3241

Lake County (17)

(707) 995-4200

Lassen County (18)

(530) 251-8152

Los Angeles County (19)

Customer Service Center

(866) 613-3777

M - O Counties

Madera County (20)

(559) 675-2300

Marin County (21)

(415) 473-3400

Mariposa County (22)

(209) 966-2000

**Mendocino County
and Fort Bragg Office (23)**

(707) 962-1000

(877) 327-1677 Toll-Free

in Mendocino

Ukiah Office (707) 463-7700

(877) 327-1711 Toll Free

in Mendocino

Merced County (24)

(209) 385-3000

Modoc County (25)

(530) 233-6501

Mono County (26)

North County Office

(760) 932-5600

South County Office

(760) 924-1770

Monterey County (27)

(831) 755-8500

(831) 755-4650

Napa County (28)

(800) 464-4214 Toll-Free

(707) 253-4511

Nevada County (29)

(888) 809-1340 Toll-Free

(530) 265-1340

Orange County (30) Anaheim

(949) 389-8456 Automated

(714) 541-4895 Automated

(800) 281-9799

P - R Counties

**Placer County Human
Services (31)**

(888) 385-5160 Toll-Free

(916) 784-6000 From outside

of the County

Plumas County (32)

(530) 283-6350

Riverside County (33)

Call Center – Customer Service
(800) 274-2050

S Counties

Sacramento County (34)

(916) 874-3100

San Benito County (35)

(831) 636-4180

San Bernardino County (36)

(877) 410-8829

San Diego County (37)

(866) 262-9881

**City & County of
San Francisco (38)**

(415) 558-2800

San Joaquin County (39)

(209) 468-1000

San Luis Obispo County (40)

(805) 781-1600

San Mateo County (41)

(800) 223-8383

Santa Barbara County (42)

Access Cal Win:
(866) 404-4007

Santa Clara County (43)

(408) 758-3800 Benefits
Assistance Center
(408) 758-4600 or
(877) 962-3633
Automated Assistance

Santa Cruz County (44)

Benefit Call Center:
(888) 421-8080
Santa Cruz
(831) 454-4165
Watsonville
(831) 763-8500

Shasta County (45)

(877) 652-0731

Sierra County (46)

Loyalton
(530) 993-6721

Downieville
(530) 289-3711

Siskiyou County (47)

(530) 841-2700

Solano County (48)

Benefit Action Center:
(800) 400-6001 Toll-Free
Fairfield (707) 784-8050
Vacaville (707) 469-4500
Vallejo (707) 553-5000

Sonoma County (49)

(877) 699-6868 Toll-Free

Stanislaus County (50)

(877) 652-0734 Toll-Free

Sutter County (51)

(530) 822-7230

T - Y Counties

Tehama County (52)

(530) 527-1911

Trinity County (53)

(800) 851-5658 Toll-Free
(530) 623-1265

Tulare County (54)

(800) 540-6880 Toll-Free

Tuolumne County (55)

(209) 533-5711
For mailed application
(209) 533-5725

Ventura County (56)

Administrative Office
(805) 477-5100
(866) 904-9362 Toll-Free

Regional Offices:

Oxnard (805) 385-9363
Ventura (805) 658-4100
Santa Clara Valley
(805) 933-8300
East County
(805) 584-4842

Yolo County (57)

Woodland
(530) 661-2750
West Sacramento
(916) 375-6200

Yuba County (58)

(530) 749-6311



Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

P.O. Box 997413 MS 4721 • Sacramento, CA 95899-7413

(866) 866-0602 or (877) 735-2929 TTY/TTD • <http://dhcs.ca.gov/privacyoffice>

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us at:
 - **Phone: (866) 866-0602**, Opt. 1, or (877) 735-2929 TTY/TDD
 - Fax: (916) 440-7680 • Email: privacyofficer@dhcs.ca.gov
 - DHCS Privacy Officer • P.O. Box 997413 MS 4721 • Sacramento, CA 95899-7413
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to:
 - 200 Independence Avenue, S.W., Washington, D.C. 20201
 - or calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
 - Sale of your information
-

Our Uses and Disclosure

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- **We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.** This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

- We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Our Uses and Disclosure

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues	<ul style="list-style-type: none">• We can share health information about you for certain situations such as:<ul style="list-style-type: none">• Preventing disease• Helping with product recalls• Reporting adverse reactions to medications• Reporting suspected abuse, neglect, or domestic violence• Preventing or reducing a serious threat to anyone's health or safety
Do research	<ul style="list-style-type: none">• We can use or share your information for health research.
Comply with the law	<ul style="list-style-type: none">• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
Respond to organ and tissue donation requests and work with a medical examiner or funeral director	<ul style="list-style-type: none">• We can share health information about you with organ procurement organizations.• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers' compensation, law enforcement, and other government requests	<ul style="list-style-type: none">• We can use or share health information about you:<ul style="list-style-type: none">• For workers' compensation claims• For law enforcement purposes or with a law enforcement official• With health oversight agencies for activities authorized by law• For special government functions such as military, national security, and presidential protective services
Respond to lawsuits and legal actions	<ul style="list-style-type: none">• We can share health information about you in response to a court or administrative order, or in response to a subpoena.
Conduct outreach, enrollment, care coordination and case management	<ul style="list-style-type: none">• We can share your information with other government benefits programs like Covered California for reasons such as outreach, enrollment, care coordination, and case management.
Appeal a DHCS decision	<ul style="list-style-type: none">• We can share your information if you or your provider appeal a DHCS decision about your health care.
Apply for full scope Medi-Cal	<ul style="list-style-type: none">• If you are applying for full scope Medi-Cal benefits, we must check your immigration status with the U.S. Citizenship and Immigration Services (USCIS).
Join a managed care plan	<ul style="list-style-type: none">• If you are joining a new managed care plan, we can share your information with that plan for reasons such as care coordination and to make sure that you can get services on time.

Our Uses and Disclosure

Administer our programs	• We can share your information with our contractors and agents who help us administer our programs.
Comply with special laws	• There are special laws that protect some types of health information such as mental health services, treatment for substance use disorders, and HIV/AIDS testing and treatment. We will obey the laws when they are stricter than this notice.

We will never market or sell your personal information.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site and we will mail a copy to you.

Effective Date: September 23, 2013

This Notice of Privacy Practices applies to the following organizations.

- This notice applies to all DHCS programs, including Medi-Cal. For a full list of programs currently run by DHCS, please visit our website at www.dhcs.ca.gov/services.

For More Information

Please contact us to request a copy of this notice in other languages or to get a copy in another format, such as large print or Braille.

DHCS does not have full copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor, dentist, or health plan first.

To request this letter in your own language, please contact us at:

English		1-855-297-5064	Korean	한국어	1-855-297-5064
Arabic	اللغة العربية	1-855-297-5064	Mandarin	國語	1-855-297-5064
Armenian	ԷՅՍՊՆԻՅ	1-855-297-5064	Russian	Русский	1-855-297-5064
Cambodian	Pasaxur	1-855-297-5064	Spanish	Español	1-855-297-5064
Cantonese	粵語	1-855-297-5064	Tagalog	Tagalog	1-855-297-5064
Farsi	ívoD¾	1-855-297-5064	Vietnamese	Tiếng Việt	1-855-297-5064
Hmong	Hmoob	1-855-297-5064	Other Languages		1-855-297-5064

